HOSPITALS: ISOLATED OR INTERDEPENDENT?*

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THE term "voluntary hospital" is broad, and it embraces a vast range of institutions from very small to very large. It includes hospitals limiting their service to one sector of the population, such as children; hospitals which limit their activities to one category of disease, such as cancer; and hospitals which confine their area of service to those residing in a restricted geographic area. Each of these institutions makes its own contribution and has its own niche in our present patchwork of health care services. What these institutions do have in common is that they were originally organized and have evolved from a philanthropic base; that their operation was and is the responsibility of private individuals who volunteer their time and energy; and that these same individuals take responsibility for funding the institution on a nonprofit basis. Funding is a private, not a government, responsibility.

Among this vast array of institutions there is one type of voluntary hospital which is unique. I refer to the teaching hospital, affiliated with a medical school, such as The New York Hospital. It is from this vantage point, the one with which I am most familiar, that I take part in the discussions of this conference.

What is the role of a teaching hospital in serving the community? In the case of The New York Hospital, this role encompasses: its service to the entire medical profession through teaching and research; its service to a community of patients coming from all parts of the nation who are in need of its very special capabilities; its service to general public health through participation in city and state health programs; and its contribution in promoting and developing mecha-

*Presented in a panel, Hospitals: Isolated or Interdependent? as a part of the 1972 Health Conference of the New York Academy of Medicine, *The Hospitals as a Community Facility*, held at the Academy April 27 and 28, 1972.

nisms for constructive cooperation with other voluntary institutions.

The teaching role of the hospital extends into many areas. The hospital trains residents in 18 medical specialties and subspecialties, and its house staff provides approximately one graduate physician for every three hospital beds. We are also deeply involved in training personnel for allied health professions. In 1877 The New York Hospital established its School of Nursing, the second in the country. We carry on, through the hospital proper, courses in advanced training of nurses as well as courses for many technical paramedical positions. At present The New York Hospital conducts more than 25 programs through which some 400 students pass annually.

The promotion of continuing education extends to the highest echelons. Specialized training and refresher courses are made available to physicians, surgeons, and nursing personnel from other institutions. Specialists from all over the world come to us as guest lecturers and participate in symposia in which knowledge and expertise are exchanged and disseminated. Thus the teaching aspects of the hospital spread throughout the worldwide community of medicine.

Allied with teaching, and growing from its close identity with Cornell University Medical College, is the hospital's commitment to medical research. Most of the major medical advances of recent years had their origin in the medical centers of which the teaching hospital is a vital component. Such advances as open-heart operations, coronary-care units, and organ transplantation were pioneered in these institutions. The "Pap" test, for example, now a tool of every neighborhood health service, had its origin in our medical center. This is one way in which our particular range of activities, serving the medical community at large, bear fruit in service at the local community level.

There is another aspect of the public service we render which bears on our community responsibilities. Because of its greater resources in medical skills and sophisticated equipment, The New York Hospital, like similar large teaching hospitals, has become a resource for the treatment of the most complicated and baffling medical problems. This capability results in referrals to the hospital of patients from many other institutions and indeed from all over the world.

We made a survey of the geographic residence of our hospitalized patients on a day chosen at random; the census on that day was 1,035. The residence of the patients was as follows:

About 38% were from our neighborhood community, if one enlarges the concept to include all of Manhattan.

About an equal number, 38%, were from other boroughs of the city.

The remainder, 24% or nearly one fourth, came from outside the city, about half from New York State and the remainder from other states and foreign countries. Our community, in terms of our hospitalized patients, is in a sense the nation and the world.

I hope I am not giving the impression that The New York Hospital-Cornell Medical Center conducts these activities without relation to other organizations that care for patients. On the contrary, we are only one of a group of institutions working in close cooperation at these levels of health service. We are active participants in the Regional Medical Program and highly optimistic as to what will be accomplished in this area; we particularly support its present interest in ambulatory medicine and improvement of emergency services.

Over and above our separate identity as an institution, we also exist as part of what is known informally as the Cornell Community, or the York Avenue Institutions. This is a cluster of well-known medical facilities associated with The New York Hospital-Cornell Medical Center, either through formal agreements or working closely on a practical level. Directly affiliated with our center are the Hospital for Special Surgery, the Manhattan Eye, Ear, and Throat Hospital, the Burke Rehabilitation Center in White Plains, and North Shore Hospital in Manhasset. Memorial-Sloan Kettering Cancer Center is affiliated with the Cornell University Medical College and we have many ties with Rockefeller University. Plans call for Manhattan Eye and Ear to locate in our geographic neighborhood and for Burke to establish a convalescent-care facility here as well.

This group of institutions has a combined bed capacity of 2,300 and admits more than 55,000 patients annually; their outpatient visits in 1970 totaled nearly one-half million and more than 43,000 individuals were treated or admitted through their emergency rooms. The total number of employees in 1970 averaged about 12,000.

I think it is significant that the interaction between these institutions is accelerating. The combined goal is to improve and fill gaps in the care of patients, and to reduce costs through the avoidance of unnecessary duplication of effort. For example, for many years the Hospital for

Special Surgery has served as the primary orthopedic arm of The New York Hospital. In recent years The New York Hospital has made arrangements whereby radiation therapy for our patients is performed at Memorial Hospital, avoiding the duplication of costly equipment. The institutions as a group are now engaged in an intensive program for long-term planning by which many facilities will be shared and more comprehensive care of patients provided.

These practical advantages go hand in hand with the intangible assets of intellectual stimulation and cross-fertilization of ideas which are so vital to scientific excellence.

While speaking of the development of cooperative and regional arrangements, may I mention our work in the area of kidney transplantation. After several years of effort we have now evolved an informal transplant network embracing 13 hospitals doing renal transplants and 30 hospitals providing dialysis. These units are located in New York City, Long Island, and northern New Jersey—comprising three sectors of the Regional Medical Program with a population of 16 million. We are now in an intensive planning effort to formalize this arrangement under the auspices of the New York Blood Center, which is uniquely qualified for the role because of its mechanism for collecting and distributing blood throughout the region, its blood and tissue-typing facilities, and its central location. We already have data on 300 transplant candidates registered in its computer, a feasibility study has been funded and is close to completion. The eventual goal is in effect to establish a kidney bank at the Blood Center serving the entire area. I believe that this example merits mention because it is indicative of the strong desire of the voluntary hospitals for regional cooperation. It also demonstrates their leadership and ingenuity in achieving it in the absence of governmental directives or popular pressure.

I was asked to comment upon the relations between voluntary hospitals and public hospitals. Unlike many speakers at this meeting, I represent a voluntary hospital without affiliation with a public hospital. Therefore I feel I should defer to them in discussing this question. Before the present affiliation system was introduced, The New York Hospital maintained services at Bellevue and other city hospitals and hospitals of the Veterans Administration; we still do some plastic surgery at the Bronx Veterans Administration Hospital. During Lincoln Hospital's modernization program two years ago, we provided obstetrical

services for their patients. Through informal arrangements, Lincoln and Harlem hospitals send to us patients with highly complicated problems in obstetrics and neurosurgery. We certainly stand ready to cooperate with the municipal hospitals as needed and to help in any possible way.

We also participate actively in many city and state public health programs, including care for handicapped children, for children with congenital defects, and for premature infants and other infants at high risk. In the field of mental health, the Payne Whitney Psychiatric Clinic provides counseling for many patients sponsored by public agencies; the Division of Community Psychiatry has an extensive outreach program, best known for its work in the prevention of suicide. In White Plains the Center's Westchester Division is a primary resource of psychiatric care for the county's residents; an interesting facet of the work is aid to children through programs in the local schools.

May I also mention our role in the more narrowly defined area of community medicine; that is, service directed to patients at the neighborhood level. Both by tradition and by current practice we accept the responsibility of providing comprehensive health care to residents of our neighborhood and to families outside the neighborhood who lack such facilities.

Our primary device for rendering this service is the Outpatient Department with its 91 ambulatory clinics. These clinics hold "sick call" for approximately 1,000 patients a day, or about 300,000 a year, exclusive of visits to the Emergency Unit. In this area of service also, the hospital crosses the usual geographic boundaries. Though 90% of these clinic patients reside in Greater New York, only 40%, or less than half, come from the borough of Manhattan—and only 20% come from our immediate neighborhood, which we define as extending from Fifth Avenue to the East River and from 59th to 96th Streets. In spite of the popular view that this area has become an affluent section, our surveys have found substantial pockets of economic need at or near the poverty level. We are now actively seeking out those members of the community for the purpose of providing them with medical services. Not only are we doing this in our own neighborhood, we have mounted projects to extend the hospital's aid to outlying communities on a neighborhood basis.

Because of our desire to expand community service to low-income patients, The New York Hospital-Cornell Medical Center has em-

barked upon programs both in Yorkville and in the section of Queens directly across the river from our Center at 68th Street in Manhattan.

Here is a partial listing of activities in the Yorkville area:

Four detailed studies assessing special needs and resources of the community.

A satellite clinic for the residence of the Stanley M. Isaacs and John Haynes Holmes houses.

Establishment of a methadone-treatment program for students of Julia Richman High School, operated in conjunction with Rockefeller University, with a present enrollment of 50 patients.

Medical back-up for an outreach program sponsored by the Lenox Hill Neighborhood Association, aiding homebound senior citizens.

Medical and nursing service for 120 medicaid patients at the DeWitt Nursing Home.

Hospital-type home care for neighborhood residents and others, with a present census of 50 patients and a projected census of 150.

Four years ago our Medical Center, along with the city administration, designated Health Area 7.20, located in Long Island City, as a primary service area for the center. A number of detailed surveys were made of the health needs of the area, including special needs which came to light showing extensive visual impairment and asthmatic problems among the local children. The results of the surveys were presented to community groups and cooperation was provided for initiating remedial programs. In all of these endeavors the services of professionals based at The New York Hospital-Cornell Medical Center were put at the disposal of the concerned community organizations.

One of the programs to reach the active stage is the QUALICAP Family Planning Clinic. The initials, QUALICAP, stand for the Queensbridge-Astoria-Long Island City Community Action Program, Inc. The clinic is staffed by a New York Hospital pediatrician, obstetrician-gynecologist, nurse, midwife, and social worker. The New York Hospital also provides medical supplies, while QUALICAP provides practical nurses, aides, clerks, and maintenance of the premises. Now in its third year, the clinic provides, in addition to family planning, prenatal, postnatal, and infant care to the age of one year. Gynecological and obstetrical cases may be admitted to New York Hospital. Sickle-cell testing is available at the clinic.

In addition to this brief summary, a host of other programs are in

the exploratory stage, the planning stage, or the developmental stage. I am sure that you know as well as we do that in this area one can make haste only slowly. In one survey, for example, hundreds of families were interviewed to discover not only their health problems, but also their feeling of priority in regard to their health problems and what type of remedial action would be acceptable to them. And before we can even take these steps to define the problem, there is the question of funding the initial investigation.

Now for the direction in which we should be heading, in my opinion.

First, we need a rearrangement of our health service structure. Comprehensive care should be provided by interlocking networks starting from the doctor's office—or outpatient department—to the community hospital, to the hospital for acute care for complicated medical problems, as well as for those specializing in certain areas of disease and, going back down the scale, through the convalescent home, the rehabilitation center, and the nursing home for the aged and chronically ill. There should be a flow of communication and exchange of expertise among these institutions, both horizontally and vertically. And devices must be found to extend the benefits of such comprehensive medical care to sparsely populated rural areas as well as those of high population density.

The funding of this health care must come largely from the public purse; it is no longer within the means of the average citizen or the resources of private philanthropy. Some form of national health insurance would seem to be the logical answer.

In this reorganization of health services I am sure that the voluntary hospital will continue to play a vital part. I am doubly sure that the teaching hospital will continue to be indispensable. I make a special point in this connection. Everyone here is familiar with the economic squeeze in which all voluntary hospitals find themselves today. The situation is compounded for the teaching hospital.

Physicians cannot emerge full-blown from classrooms and laboratories; a large part of their education must take place in a clinical setting, in other words, in a teaching hospital. A generation ago, interns and residents worked for a pittance, exchanging their labor for their training. Today, at The New York Hospital, house staff salaries start at $12,300 per year and go up to $17,000. This cost, plus the cost of spe-

cialized postgraduate training for nurses, of refresher courses for physicians, of training technicians and other paramedical personnel, can no longer be met by the revenues from patients. It can no longer be absorbed in the costs of the teaching hospital. If the costs of the patients' care are to be covered by national health insurance, then that insurance must also cover the cost of the training of those who deliver the care. Otherwise the care will not exist.

May I express the hope that as we effectuate these necessary changes, we shall do so without sacrificing those areas of excellence we have already attained, and that each unit incorporated into the system be permitted to concentrate primarily on what it does best. The unique contribution of the major medical center and the major teaching hospital is that of innovation, of bold experimentation, of creative application of science to the ills afflicting mankind throughout the world. Here the seeds are planted that later flower in longer life and better health for all our people. It is my sincere hope that the teaching hospitals will be sustained in their efforts for the sake of this and future generations.